The Community Health Worker Experience of SolidarMed in Ulanga District Council

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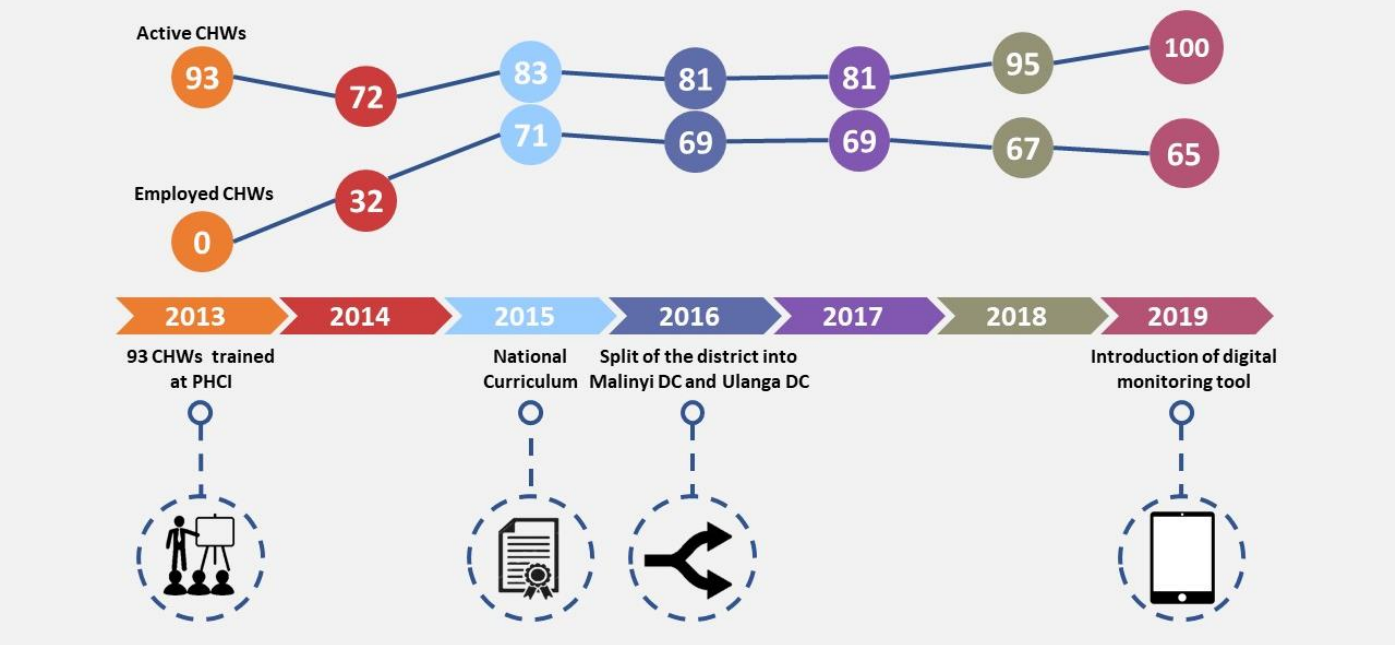
The Community-Based Health Program[1] (CBHP) was developed to improve health services at the grassroot level using Community Health Workers (CHWs). In Tanzania there are several CHW approaches in place. Consequently, in mid-2019 the Government of Tanzania called for a standardized and generic CHW approach across the whole country. The following describes the CHW situation in Ulanga District Council (DC), where some CHWs were included on government payroll as Medical Attendants and others remained as volunteers.

The establishment of the Community Health Workers in Ulanga DC

Till the end of 2013, 93 CHWs were trained for one year at the Primary Health Care Institute Iringa (PHCI) and active in Ulanga DC. In 2014, the first 52 CHWs from Ulanga DC were employed in (32) and outside (20) of Ulanga DC. Another 39 CHWs were added in 2015, resulting in 71 CHWs on payroll in Ulanga DC by the end of 2015 (see timeline below). This was only possible due to a committed and convinced group of key agents which included the Regional Commissioner, the Regional Medical Officer, the District Medical Officer (DMO), a Member of the Parliament, the District Executive Officer, the District Human Resource Officer and members of the Council Health Management Team (CHMT). The late Celina Kombani (Member of Parliament for the Ulanga East constituency and Minister of State in the President's Office for Public Service Management) and the DMO of that time, Dr Jacob Frank, were some of the key agents to make this change happen. Together with the others, they advocated for the employment of the CHWs in Ulanga DC. In the end, the Local Government Authority was convinced about the importance of the CHWs' work. They allocated central funds from the President's Office for Regional Administration and Local Government, which ought to be used for the employment of other health staff, to hire CHWs. As the government at that time did not yet have a scheme of services for CHWs, the existing draft scheme of service for Medical Attendants was used to employ the CHWs. Ulanga DC was the first place where CHWs were employed by the Government of Tanzania. At the end of 2019, 100 CHW were active in the District. Out of them 37 are volunteers and 63 are employed. However, there is a total of 65 employed CHWs, but 2 are not active because they are in school.



The involvement of SolidarMed in Ulanga DC

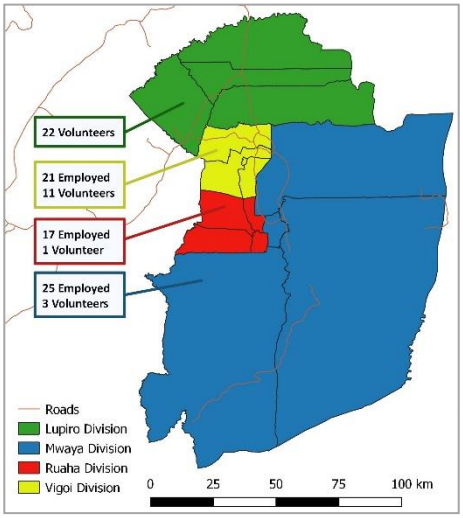
SolidarMed has been supporting the CHMT in the implementation of community-based health activities since 2010 through:

- 1-year training of CHWs at an accredited school (e.g. PHCI)
- Capacity building of CHWs and the CHMT through technical and management trainings
- Provision of some working tools for CHWs
- Assisting the CHMT in CHW cascade supervision
- Knowledge sharing and promoting CHW work at district, regional and national level (e.g. national taskforce)
- Establishment of a digital monitoring tool for CHWs to measure performance and implement targeted activities based on local needs

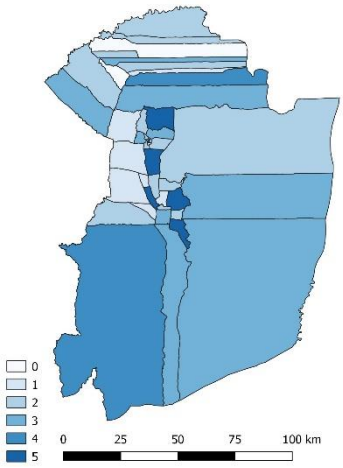
[1] CBHP Policy sets the guidelines for the recruitment, deployment, supervision, retention and remuneration of the CHW cadre.

Facts about the Community Health Workers in Ulanga DC (status end 2019)

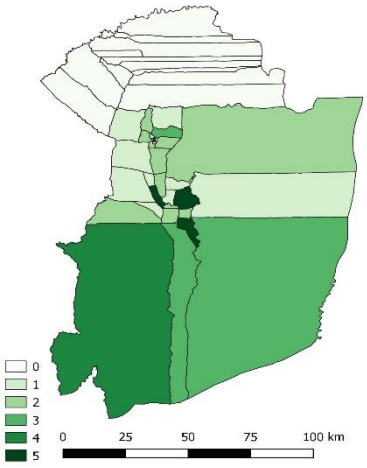
Basic demographic information of Ulanga DC (2019)	
Total population	188'913*
Population density (persons/km^2)	12
Number of villages	59
Total number of households	40'381*
Square km	15'955
Total number of active CHWs	100
**Estimated based on the last census (2012)*	
Number of health facilities in Ulanga DC (2019)	
Public hospital	1
Public health centre	2
Public dispensaries	16
Faith-based dispensaries	5



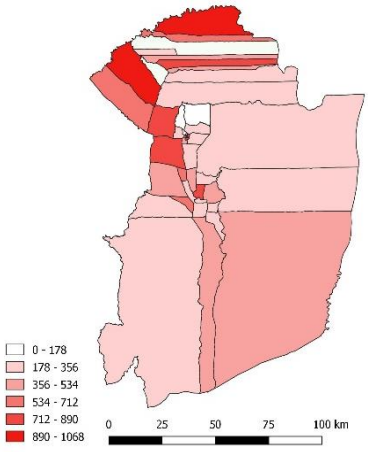
Total number of CHWs per village



Number of employed CHWs per village



Number of households per CHW



	Community Health Workers – employed	**Community Health Workers – volunteer**
Type of training received	One-year training at the Primary Health Care Institute Iringa	One-year training at a selected training institution and from 2015 onwards according to the former national curriculum
Mode of selection	Selected by the community members during the village assembly	Selected by the community members during the village assembly for those trained before 2015. Afterwards, self-elected and upon graduation accepted as CHW volunteers by the village authorities
Working hours	5 days per week (1 day at the health facility and 4 days in the community)	5 days per week (1 day at the health facility and 4 days in the community), but working hours of are less (~50%)
Expected number of households visited	200 households per year	less than 100 households per year
Renumeration	Gross salary 320'000 TSH	No salary
Role and tasks	The tasks of the CHWs are the same, whether they are employed or working as volunteers. Their main tasks include (1) households visits for health education and promotion, (2) community sensitisation on health issues at village and health facility level, (3) growth monitoring and (4) collection basic demographic data.	
Supervision	The Village Executive Officer (VEO) does the administrative supervision of the CHWs and the health facility in charge the technical and clinical supervision.	
Reporting line	CHWs report to the VEO, who reports to the Ward Development Committee. CHWs also report to the health facility in-charge, who for CHW related issues, reports to the CBHP coordinator within the CHMT.	

Acceptance of Community Health Workers in Ulanga DC

Currently, the CHW subsystem is well incorporated into the district health system and the importance of CHWs is recognised and accepted on all levels.

"We are very much accepted by the community, because we were chosen by the very same. The community selected us, they trust us, they know that we keep secretes and they share with us problems they don't share with the staff at the health facility. So, we became the link between the community and the health facility."

Peter Kunjumu
Employed CHW from Vigoi Division

"The CHWs are doing a good job in the whole district. Their presence added to an increased number of people seeking health care and picked up many of the challenges which exist in the community. This led to a reduction of health problems concerning the communities. The services provided by the CHWs are numerous and the community members are happy with the received services. So, I urge the community to continue with this cooperation."

Patricia Haule
CBHP Coordinator Ulanga DC

"I fully accept the CHWs. They sensitize us about various topics, especially about the importance of cleanliness in our household. This helps to improve cleanliness of the overall district, which is much better than in the neighbouring district, where there are no CHWs. So, to me, having CHWs has a lot of advantages."

Angela Mgomberi
Citizen of Vigoi Division

The team approach

Apart from the CHWs, there are many other kinds of volunteers who work on health-related issues in the communities. The table below shows a summary of the most important ones present in Ulanga DC. CHWs coordinate and work with all volunteers in a collaborative team approach.

Name of cadre	Education/training	Roles/tasks	Supervision
Wahudumu wa Afya Vijijini (WAVU, Village Health workers)	Various courses between 2 weeks and 1 month	Maternal and child health related issues, especially growth monitoring and provision of health education during the outreach services	Nearby health facility
Trainers of Community	3-week basic training module and several other small trainings	Catalyst for behaviour change providing health education	Village Executive Officer
Art Groups	3 to 5-day training	Provision of health education through art shows	Village Executive Officer
Traditional Birth Attendants	1 to 2-week training	Provision of health education on maternal and child health related issues through using mother peer group and escorting pregnant women to deliver in health facilities	Nearby health facility
Boresha Afya Volunteer	5-day training	Provision of health education on HIV/AIDs and tracing of HIV/AIDs patients in the community	Nearby health facility
Community Resource Persons	7-day training	Provision of health education on the general issue of environmental sanitation in the community	Village council
Water Users Committees	4 to 5-day training	Provision of health education, water usage and ensuring clean environment at the water points and financial contribution to water sources	Village council

The quote below shows the cooperation of CHWs and different volunteers.

"We work with different other stakeholders in the village. For example, for growth monitoring WAVUs join us. When we go to schools for adolescent teaching sessions, the peer educators join us and when we talk to pregnant women, Traditional Birth Attendants are with us."

Dua Mtimalyasi
Volunteer CHW from Lupiro Division

Lessons learnt of the CHMT and SolidarMed

a. Implementation challenges and practical solutions as implemented by the CHMT and facilitated by SolidarMed

Challenges	Solutions
Acceptance of the CHW approach within the District	• Participation and involvement of all stakeholders from all levels • Strong partnership with the local government • All activities implemented with District focal person
Acceptance of CHWs by the community	• CHWs selected by village • CHWs work in the village where they come from • Official introduction to key village stakeholders
Insufficient collaboration with other existing actors at village level	• CHW inauguration ceremony whereby CHWs and their roles were introduced, and collaboration strategy between the actors was defined
CHWs working at health facility instead of the community	• Close supervision and monitoring of CHWs • Clarification of their role and responsibilities with all stakeholders
Supervision by VEO is difficult due to many other tasks	• Administrative supervision done by selected member of the community
Supportive supervision of the CHWs	• Strengthening the cascade system within the health system for technical supportive supervision
Weak supply side	• Train nurses to deliver medical equipment and commodities to the CHWs
High workload of CHWs	• Reduction of CHWs' workload through assigning some task to others/volunteers
Lack of evidence in regard to the impact of CHWs	• Monitoring tool to show evidence for the positive impact of the CHWs subsystem on the community's health seeking behaviour and the action taken in preventive measurements
Lack of community data	• Introduction of a proper monitoring tool • Recognition of the value of community data

b. Ways to sustain CHW volunteers on different levels[2]

Regional Level

- Ensure involvement in national and council health and non-health campaigns of the government and other partners

District Level

- Ensure involvement in national and council health and non-health campaigns of the government and other partners
- CHWs to get opportunity to work as Enrolment Officer for the Community Health Fund (CHF)
- CHWs to receive official papers from council (e.g. official introduction letter, identification card, official volunteer agreement with council)
- Councils to cover basic training and repetition training for CHW

[2] The following suggestions are based on a benefit package for CHWs of the PHCM (Primary Health Care Mbulu) project which was designed by SolidarMed in 2019 (see separate information sheet)

- Council to conduct monitoring and supervision of CHWs
- Organize and implement a CHW Day
- Free CHF membership for CHWs
- CHWs to receive the task to transport data from the health facility to council level with per diem for CHWs
- Facilitate access to loans for CHWs with potentially less interest rates
- Support CHWs with money from Own Source

Ward Level

- Support CHWs with money from own income (e.g. 10'000TSh per month and ward)

Health Facility Level

- Use of CHF money for small CHW per diem if funds allow
- Use of user fee money for small CHW per diem if funds allow
- Involvement of CHWs in outreach activities and mobile clinic
- Provide equipment/ working tools for their daily work (e.g. refill of first aid box)
- Involvement of CHWs in Home-Based Care activities

Village Level

- Exempt CHW household from village duties
- Exempt CHW household from village contributions
- Request each active household to contribute 2'000 TSh per year and household
- CHW to participate in Village Health Committee
- CHW to participate in Village Council meeting as health representatives
- Use 50% of health-related village fines to top up per diem of CHW (e.g. toilet fines)
- Make bicycles freely available for CHW if they need one for the day (e.g. when they need to go to remote areas)
- Provide CHWs with in-kind payment (e.g. livestock, harvest)

CHW Level

- Involve in income generating projects with other CHWs (e.g. livestock)

c. Remaining implementation challenges

1. Unclear career path
2. Insecurity about future employment/income
3. High workload (more than 200 households per CHW)[3]
4. Lack of guidelines and tools
5. Insufficient financial means to implement CBHP
6. Only partially functioning CHW cascade supervision

[3] WHO (2007) set the target of 200 households to be visited by a CHW

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Partnerships for Health

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